

Request for Rescue Systems 1 Course Scheduling



PO Box 944246 * Sacramento CA 94244-2460 * FAX (916) 552-9464 www.fire.ca.gov

By submitting this request, instructors and sponsoring agencies agree to comply with all published State Fire Training procedures of the California State Fire Marshal's Office.

All requests must be received 6 weeks prior to the class start date.

Today's Date:		Advertise In Class Schedule?			
		☐ Yes ☐ No			
Class Start Date:		Class End Date:			
Class Location (City):		Class Location (County):			
Sponsoring Agency Name:		Training Facility:			
Contact Name:		Contact's Phon	ne Number:	Contact's Emai	l Address:
Number of Modules being Taught Concurrently:		Senior Instructor (cannot be one of the Primary Instructors):			
Senior Instructor Required for a 3 or 4-module Delivery.					
Module 1: Ropes/Low Angle Rescue (12:1 Student/Instr Ratio)		Module 2: Heavy Objects (12:1 Student/Instr Ratio)			
Primary Instructor:		Primary Instructor:			
Module 3: Ladder Rescue (12:1 Student/Instr Ratio)		Module 4: Shoring (12:1 Student/Instr Ratio)			
Primary Instructor:		Primary Instructor:			
Estimated Number of Students:	Delivered on Shift Schedule? ☐ Yes ☐ No	# of Shifts:		# of Students p	er Shift:
SHIPPING INFORMATION:		BILLING INFORMATION:			
Ship To:		Bill To:			
Attn:		Attn:			
Street Address: (No Po Box)		Street Address:			
City/State/Zip Code:		City/State/Zip Code:			
	⇔FOR STATE FIRE 1	TRAINING US	E ONLY ∜		
Date Approved:	Primary Instructor Code:		Class Code:		
Date Shipped:	□ DHL □ Printer □ Pick-Up				
Return Date:	□ MRT #:				
Registration and Materials			Unit Price	Quantity	Total Price
☐ Course Registration(59210-142500-20)			\$80.00		\$
Shipping/Handling Charges: \$ 8.00					
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DO NOT	P A Y - T H	IS I	11 0	al Amount Due:	-

Scheduling Desk (916) 445-8132
Revised 1/08

Scheduling Fax (916) 552-9464

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